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HYSTERICAL ANURIA.

Discussion of Dr. Critchlow's paper at the Binghampton meeting of the
Homœopathic Medical Society of the State of New York

By Professor Laidlaw.

(Dr. George R. Critchlow presented for discussion a case of hysterical anuria, and asked how a total anuria of several periods of eight days at a time could be reconciled with Bouchard's theories of the toxicity of urine and the intoxication that should have followed suppression of urine over so long a time.)

Mr. President and Members of the Society:

I am afraid that I cannot give a satisfactory answer to the doctor's request for an explanation of hysterical anuria any more than could Charcot, thirty years ago, when he made the first systematic studies of this condition. In relation to hysterical anuria, competent observers differ. I do not know why hysterical patients so often complain of inability to urinate or why they deceive the physician by pretending that they have not urinated for long periods of time. Some observers claim that all these cases are instances of malingering. There is no doubt that many of them are such for the shrewdness and cunning of hysterical patients is remarkable. At the same time reliable observers have reported, as in this case, what seems to be an actual suppression of urine covering periods of many days.

Three explanations have been offered at various times to explain this phenomenon. There is, first, the original theory of Charcot, that the suppression of urine is due to a spasmodic contraction of the renal arteries. We know that in experiments on animals, irritation of the renal nerves will cause this spasm of the renal arteries, and that no urine is excreted during this time. This theory explains why there is no urine, but does not explain why the patient is not poisoned by the urinary elements.

The second theory is that of compensation by the other eliminating organs. The organs that compensate for the kidneys are the skin, liver and the mucous membrane of the stomach and intestines. It should not be forgotten that the intestines present an immense excreting area which is capable of eliminating considerable urinary material. As a matter of fact, most of these cases of hysterical anuria have presented vomiting or diarrhœa or heavy sweats, and urea has been found in the vicarious discharge. We see such a vicarious discharge in the diarrhœa of Bright's disease, the suppression of which is so often followed by uræmia. However, if the question was simply one of compensation, it is very improbable that the skin, liver and intestines together would compensate for the renal function for many days at a time.

The third explanation is that of Brown-Sequard, of the internal secretions. This theory accords most closely with our best knowledge of physiology. You are familiar with the internal secretions of the thyroid and the suprarenal capsules. You know that their secretion is absorbed by the blood, and that it there fulfills some important function. Brown-Sequard claims that the kidneys not only excrete urine but that they also supply an internal secretion which is absorbed by the blood. This substance is in the nature of an anti-toxin, and its normal function is to antidote the unknown poison in the blood that otherwise would cause uræmia. With this theory he explains the well known facts of uræmia, and the explanation is also applicable to hysterical anuria. We have been in the habit of regarding uræmia as the result of the retention in the blood of some unknown poisons which should have been eliminated by the kidneys. The objections to this theory are that some people may live for months or years with scanty urinary elimination, and that other patients with abundant urinary solids become uræmic. This is the paradoxical condition for which Dr. Critchlow asks an explanation. It is possible that, in the future, we will have to regard the excretion of urinary solids in a different light. It is possible that we must consider the scanty elimination of solids and uræmia, not in the relation of cause and effect but as both of them results of the disability of the renal epithelia. If the kidney epithelia supply an internal secretion which normally antidotes the uræmic poison in the blood, it is then intelligible why the patient with hysterical anuria does not die of uræmia. Even though the kidneys are not eliminating the urinary

solids, the kidney epithelia, being healthy, are still producing the internal secretion. On the other hand, the patient with the damaged epithelia of Bright's disease who dies of uræmia in spite of normal elimination of solids is dying, not on account of his retention of solids but because of the failure of the diseased renal epithelia to produce the secretion. This seems to me the most plausible explanation of hysterical anuria and of uræmia, but I must remind you that it is only a theory and has not yet received experimental proof.

In regard to Bouchard and his theory of auto-intoxication, I do not think that other observers have been able to confirm all of his conclusions. Bouchard's seven toxic principles of normal urine and his indicanuria as an indicator of intestinal putrefaction are under some suspicion. It is a significant fact that no new French edition of Bouchard's book on auto-intoxication has appeared since 1895. The recent English editions are all taken from this edition, which is now over ten years old. It looks as if Bouchard must have given up some of his positions taken so strongly at that time. I think we must regard Bouchard and his theory of auto-intoxication much as we do the relation between Sir Joseph Lister and modern aseptic surgery. The modern surgeon has given up spraying the room with carbolic acid and operating under a running stream of carbolic, but we know that Listerism was a necessary step in the development of modern asepsis. So, we must regard Bouchard's work, not as final truth but as a necessary step in the development of our study of metabolism, for the whole question raised by Dr. Critchlow is one of that part of metabolism that deals with the elimination of waste products.

Finally, let me say a few words on the subject of metabolism. It is at present the most important question before the medical world, and for its solution we require the aid of chemistry. The future of medicine is chemical. In the early part of the century, the attitude of medicine was anatomical, and he was the best physician who was the best anatomist. Then followed the era of gross pathology and physical diagnosis. Closely afterward, about the middle of the century, the microscope came into use and medicine became histological. When you and I were in medical college, he was the best educated physician who was the best physical diagnostician or the best microscopist and pathologist. We thought that we had found the secret of disease in the activity of the cells and fibres, and

Virchow's cellular pathology became our Holy Writ. Microscopy leads directly to bacteriology, and here at last we thought we had surely found the secret of disease in the life of bacteria and their action in infection. We are now on the threshold of another change in the aspect of medicine. We have found that the explanation of disease is chemical. Bacteria do not eat us up by mouthfuls. They excrete chemicals to which our tissues respond by excreting other chemicals as antidotes. Pathology has become chemical. Your very therapeutics is becoming chemical with its anti-toxins and side-chains and ammoniacal correction of acidosis of the blood. So rapidly is medicine assuming a chemical aspect that you and I can scarcely read a medical journal intelligently. In ten years you and I, with the chemical training that we had twenty years ago, will certainly be unable to read a medical book intelligently or attend a medical meeting and understand what the scientists are talking about. The microscope carried the study of disease to its morphological limit, but the future of medicine is chemical. So I say to you, study chemistry, and, when you send your students to college, tell them to study chemistry as the key to the medical science of the next forty years. I am proud to say to you that in this matter the New York Homœopathic Medical College, your college, has fully realized its responsibility, and year by year has strengthened its course in chemistry and physiological chemistry to the end that your students should go out fully equipped to take their place among the educated physicians of their time.

THE OUT-PATIENT DEPARTMENT AND SOCIAL SERVICE WORK AT THE FLOWER HOSPITAL.

By Walter Sands Mills, A. B., M. D.

Professor of Practice and Chief of Tuberculosis Clinic, New York Homœopathic Medical College and Flower Hospital; Physician to the Tuberculosis Infirmary, Metropolitan Hospital, and

Mrs. Jeannette C. Deady,

Superintendent Social Service of the Flower Hospital.

The Out-Patient Department of the Flower Hospital has always been an important part of the institution. During the past year its efficiency has been increased by the addition of a special clinic for

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the treatment of pulmonary tuberculosis, and by the appointment of a supervising nurse and assistants for social service work.

At present there are separate clinics for surgery, medicine, gynæcology, pediatrics, tuberculosis, neurology, dermatology, eye diseases, ear diseases, nose and throat diseases, genito-urinary diseases, orthopædics, and physical therapeutics. Besides these thirteen clinics for the dispensary treatment of ambulant cases, patients too sick to leave their beds are visited at their homes by a physician. All tuberculosis patients are visited at their homes by the nurse.

As reported at the last meeting of this society, a special tuberculosis clinic was established at the Flower Hospital in November, 1908, and became a member of the Association of Tuberculosis Clinics. To be eligible to membership in the association, a clinic must have a visiting nurse to follow all cases to their homes and to make suggestions as to hygiene and cleanliness; to persuade other members of the family to go to the clinic for examination, and to report back to the clinic any need for assistance in the way of extra diet, clothing, etc.

Besides looking after out-patients and patients ill in their homes, the visiting nurse also looks after convalescent patients from the hospital proper. This latter part of the work is quite heavy, because of the increased number of patients that are now cared for. Beginning March 1st of this year, the territory covered by the ambulances of the Flower Hospital was enlarged by the city authorities, so that at present the district is the most important in New York. To properly cover this increased service, the hospital was obliged to add two power ambulances to the three-horse ambulances already installed, and the number of emergency calls jumped from two hundred to six hundred per month. It not infrequently happens that all five ambulances are out at the same time.

Another change that has been of assistance to the Flower Hospital, has been the arrangement of a system of transfer of overflow patients direct from the Flower to the Metropolitan Hospital by boat from a nearby pier. Formerly these cases had to be transferred by ambulance to Bellevue. The new arrangement has been made possible by the courtesy of the Commissioner of Public Charities, the Hon. Robert W. Hebbard.

A part of the social service work that does not come within the province of the visiting nurse, is the Kindergarten established

in the Children's Ward. This is open not only to the little patients in the hospital, but to the children of mothers who are ill and under the care of the physicians of the out-door department.

Social service work in connection with hospitals and dispensaries was originated by Dr. Cabot at the Massachusetts General Hospital in Boston a few years ago. To make this work at the Flower Hospital as effective as possible, Dr. Copeland and the writer visited Dr. Cabot's clinic early in 1909, and later the supervising nurse and the head nurse of the Flower Hospital spent several weeks in Dr. Cabot's clinic working with his nurses. On their return from Boston, the supervising nurse spent a month with the Association for Improving the Condition of the Poor in New York. As a result of this preliminary training, the Flower Hospital Social Service Department has been established and is being carried out on the most advanced lines. The Flower Hospital nurse is a member of the Association of Nurses of Tuberculosis Clinics. At my request, the supervising nurse has written a brief account of some of her work.

Social Service at the Flower Hospital.

BY MRS. JEANNETTE C. DEADY.

The Social Service Department of the Flower Hospital was established by Dean Copeland in March, 1909. Mrs. Jeannette C. Deady was placed in charge of the work, which at first consisted of merely supplying food and clothing to indigent patients who applied to the dispensary for relief. Gradually the scope of the work was enlarged until it now embraces many forms of relief for suffering humanity, and works in conjunction with a large number of the many charitable organizations of New York City. A minute recapitulation of the various progressive stages of this department is unnecessary, and a few words as to the work as now carried on will suffice.

As visiting tuberculosis nurse, Mrs. Deady sees the patients at their homes, suggests and insists as far as possible that hygienic surroundings be maintained, refers patients to hospitals or sanatoria as seems best, and, in short, advises the patient and his family, both physically and socially, as far as possible. All of the tuberculosis clinics of the city have experienced more or less trouble in getting incipient cases to come for treatment. This is due partly

to the patient's own ignorance, and to that symptom of hopefulness and procrastination seen so often in the phthisis make-up. At the Flower Hospital the Out-Door Visiting Staff aids greatly in getting these patients to the clinic by advising suspected cases to attend on the next clinic day. If such cases are not heard from within a reasonable time, they are looked up by the nurse and impressed with the importance of treatment. The disease is such a difficult one to fight when accompanied with poverty, that any arrest of its progress among these people,—many of whom have scarcely the bare necessities of life—is a real victory.

Scores of interesting cases, all bearing upon the social side of this work, could be cited, but lack of time forbids mentioning more than a few. In this work it has been found best to help a patient to help himself.

John M., a young man who had been in the surgical ward for twenty weeks, recovering from appendicitis, had only been in the United States for one year. He was a stone cutter, and when discharged from the hospital was without a home and utterly unable to resume his trade. He was placed in St. Eleanor's Convalescent Home, at Tuckahoe, N. Y., for two weeks, where he regained his strength, gained ten pounds in weight, and was ready and anxious to take a position found for him out of town, where he has now been earning good wages for three months, and is highly respected by his employers. His letters express his happiness and gratitude.

Another case was that of Mary C., who was suffering from tuberculosis and living in poverty, trying to support herself and invalid brother. The brother was cared for, and a place found for Mary in the mountains, where she could have the best surroundings and earn her own living.

A very interesting case was that of a fireman on one of the German steamship lines, who was taken to the Flower Hospital for a major operation. He used what money he had saved to send his wife and four children back to Antwerp, where they would be provided for. Through the kindness of Mr. Blatchley, of the Joint Application Bureau, this man was taken care of until he was strong enough to resume his work on the liner.

One sad case visited was a woman suffering from rheumatism, unable to move out of a dirty bed, and her only help, a thin emaciated little girl of six years, who had arranged as best she could a soap

box with ice by the side of her mother's bed, on which was a pail of milk. This and a stale loaf of bread was their only food for two days. The woman was sent to the hospital and the child to the home of the Society for the Prevention of Cruelty to Children at White Plains.

But that these labors are not always appreciated was shown by several boys who after a great deal of trouble had been sent to the country only to run away, as they were lonely anywhere but in a crowded street. Also the family who had but one dark room in a crowded, filthy tenement, and it seemed a kindness to move them into an airy three-room apartment. But who moved back after a few weeks to the old quarters, as they, too, were lonesome.

Another side of the work of this department is the relief given to children in various ways. The mortality of infants has been reduced to a remarkable degree by the milk kitchens dispensing, as they do, pure milk.

Dr. R. A. Benson has established a Babies' Dairy in connection with his clinic at the Flower, and not only prescribes medicinally, but gives each child its own formula for milk, which is filled every morning by the nurse in charge, the mothers paying the nominal sum of 10 cents for twenty-four hours' food, or not paying at all where the family is found to be worthy and unable to pay. The stride that some of these babies make in a few weeks is remarkable.

The Social Service Department has been greatly facilitated by the aid of the Association for Improving the Condition of the Poor, the Anna Barbara Branch of the New York Diet Kitchen, the Joint Application Bureau for Homeless Men, the Children's Aid Society, and many others. Although this Department is young here, it is satisfactory to note the amount of genuine good that has already been accomplished in, at least, a few cases, and when the people realize that there is a place to tell their troubles and to receive advice or relief as each case warrants, there is no doubt that The Flower Hospital Social Service Department will take its place with the numerous other similar workers in the United States.

ARNICA COMPARED WITH ANTISEPTICS.

By D. E. Coleman, Ph. B., M. D.

The application of the indicated homœopathic remedy in surgical cases is, I am afraid, very much neglected. There is too great a tendency to depend upon local antiseptic treatment alone, neglecting to consider an individual as a concrete unit composed of many parts united into one being. The hand, the foot, the skin, etc., are but portions of one personality and therapeutic measures should be directed toward the proper adjustment of the organism as a whole.

The following case is presented to illustrate the superior results obtainable from the administration of a remedy based upon homœopathic indications:

Mr. X., aged seventeen, had first, second and third toes of left foot crushed in a press, necessitating an amputation.

April 15, 1907. Operation performed; wound dressed with bichloride of mercury 1-10,000. Morphine was given at night for the pain, which it absolutely failed to relieve. The flaps seemed too short and no healing resulted, instead three unhealthy ulcers marked the site of operation.

The following treatment was followed for over three months with absolutely no result.

April 18th. Dressing of bichloride of mercury 1-5,000 replaced the weaker solution.

May 11th. In addition to this dressing Hepar sulph. 2x every four hours, was prescribed. The patient had great pain in foot, headache, pain in stomach, felt sick all over. In order to avoid repeating I wish to say that during this three months he had very little sleep, would only doze occasionally, and often cried out with the pain.

May 13th. Nux vom., five drops of the tincture every four hours, was prescribed. The wet dressing of bichloride of mercury was used continually. The Nux vom. did not help matters and in twenty-four hours Hepar sulph. 2x every four hours, was resumed.

May 22d. External dressing changed to Creolin and Glycerine 1-20.

May 23d. A prescription, which I had not heard of until these notes were started was made by Dr. Charles T. David, of the house

staff of St. Gregory Hospital. He gave Arnica 30th every four hours internally and Arnica 1-30 externally. The man slept well that night and had *very* much less pain. The remedy was stopped next day and Creolin in Glycerine was again given. That night the patient did not sleep at all, and in addition to the usual severe pain in foot, developed a bad headache, toothache and pain in abdomen. Temperature, 100.6.

May 25th. Dressing of Bichloride of Mercury 1-2,000. Two days later Silica 30th, one dose daily for four days, was prescribed. The wound was discharging pus and sloughing.

June 2d. Cleansed with Peroxide of Hydrogen and dressed with Bichloride of Mercury 1-2,000. Hepar sulph 2x, every four hours, was given internally. The discharge of pus and sloughing remained the same.

June 6th. Aluminium acetate, saturated solution, in daily alternation with Ichthyol ointment (Ichthyol, Balsam of Peru, Boracic acid and Vaseline) was prescribed as a dressing and continued for about two weeks. At the end of this time the discharge of pus had stopped, but the pain and sloughing were just as bad. The ulcers were covered by a gray, unhealthy membrane.

The following dressings were then used: Balsam of Peru, which resulted in a slight relief of the pain (the only relief thus far, excepting when Arnica was prescribed in the 30th potency); Arnica locally 1-40, no result; Aristol powder, resulting in formation of scab of unhealthy cells, otherwise no change; Calendula 1-30 locally and in the 30th potency internally, no result excepting a slight relief of pain.

July 8th. Re-amputation was decided upon as the only possible procedure, because of the short flaps and dead bone. Washed with Bichloride of Mercury 1-5,000 and dressed with Calendula 1-10. This was continued until the 17th with no improvement, when he was prepared for operation. The anæsthetic (Hyoscin, Morphine and Casein) failed to work, however, and operating was put off until the next day. At six P. M. I was asked to prescribe for the case.

Characteristic indications were as follows: Sore, bruised pain in the foot, would draw away if anybody approached the bed he was so fearful of being hurt; extreme suffering when foot was dressed, would pull it away from the slightest touch.

Arnica 30th every two hours was prescribed, and Arnica 1-100 applied locally. He slept all that night and complained of no pain the next day. The dressing was not removed for four days, but was kept wet with the Arnica solution. At the end of this time healthy granulations had formed and no pain or sensitiveness was experienced.

July 25th. Almost well, could walk about ward without the slightest discomfort. He slept so much that sometimes he could not be awakened for meals. Arnica cerate was substituted for the solution.

July 29th. Ulcers on the first two toes *completely* healed.

August 1st. Arnica discontinued.

August 5th. Last ulcer *entirely* healed.

During this treatment Arnica 30th was discontinued for two days, but a little pain returned and it was resumed.

In reviewing this case we see that Bichloride of Mercury, Creolin, Balsam of Peru, Ichthyol ointment (Ichthyol, Boracic acid, Balsam of Peru and Vaseline), Aristol, Calendula, Aluminium acetate and Arnica locally; Hepar sulph., Nux vom., Silica, and Calendula internally had failed to help the case in over three months. Failed because they were not according to Nature's law of cure, or because they were not indicated by the symptoms. Arnica 30th administered according to homœopathic indications, along with its external application, as the trouble resulted from external violence, brought prompt results ending in a *complete* cure in nineteen days.

FOREWORD.

The CHIRONIAN is pleased to announce that Boericke & Runyon will soon present to the profession a new book from the pen of Prof. Sidney Freeman Wilcox, M. D., on the subject of Surgery of Childhood.

This book will be more extensively noticed in the next issue.

ALUMNI NOTES.

Dr. John L. Moffat, Brooklyn-New York, announces the re-opening, on Tuesday afternoon, September 7th, of his office at 1136 Dean Street. Hours, as before, until 12 and 5 to 7; Sunday, by appoint-

ment only. Especial attention to the Eye, Ear, Nose and Pharynx. Telephone, 1096 Bedford.

Dr. Wm. H. Van Den Burg, 30 West 48th Street, New York, has returned to the city and from this date can be consulted as usual. Patients will not be seen in the office on Sundays except by appointment. Hours, 9 A. M. to 12 M., and by appointment.

Dr. H. J. Pierron, 1025 Prospect Place, will retire from general practice October 1st, 1909. Consultations by appointment. Telephone, 123 Bedford.

A. Worrall Palmer, M. D., 250 West 57th Street. Dr. Palmer desires to announce that he will resume his usual office hours on Monday, September 21st. Diseases of the Ear, Nose and Throat. Office hours, 11 to 12 A. M., daily, and 1st and 3d Sundays, and by appointment. Telephone: Office, 827 Columbus; residence, 701 Prospect.

Dr. Wm. Morris Butler, of 507 Clinton Ave., Brooklyn, having returned from his vacation in Europe, will be in his office from 9 to 12 A. M., 6 to 7 P. M. Sundays, 1 to 2 P. M.

Alfred Bornmann, M. D., '99, announces his removal to 438 Greene Avenue, Brooklyn. Office hours, 8-10 A. M., 1-2 and 6-7:30 P. M. Sundays, 9-10 A. M. and 2-3 P. M. Telephone, 1277 Bedford.

Dr. Gertrude G. Mack announces her removal September 15th, to "The Alclyde," 2 West 94th Street, corner of Central Park, West. Office hours, 11 to 1. Sundays, by appointment. Telephone, 3655 Riverside, and 1162 Riverside.

Dr. Harriette C. Keatinge will return to the city and resume her practice on September 20th, 1909. Office hours, 10 A.M. to 1 P. M. Telephone, 3217 Columbus. Residence, 102 West 75th Street.

Dr. Grace M. Kahrs desires to announce the opening of her office at "The Alclyde," 2 West 94th Street, New York City. Office hours, 8-10, 5:30-6:30. Sundays, 8-10. Telephone, Riverside 1162.

Dr. Harrison Greenleaf Sloat desires to announce that he has resumed his practice at 40 W. 93d St. Hours, 8 to 10 A. M., 7 to 8 P. M.

Dr. Geo. F. Laidlaw has resumed his practice at 58 W. 53d St. Office hours, 8 to 12, and by appointment. Telephone, 987 Plaza.

Dr. John W. Dowling wishes to announce that he is now living in New York City. Phone number in Tel. Directory.

EIGHT MILLION DOLLARS APPROPRIATED TO PREVENT TUBERCULOSIS.

STATE LEGISLATURES IN CONSUMPTION CRUSADE.

Appropriations of over \$4,000,000 for the suppression of consumption have been made by twenty-eight State Legislatures in session during the past year, according to a statement issued to-day by the National Association for the Study and Prevention of Tuberculosis.

Since January 1, 1909, forty-three State and territorial legislatures have been in session. Of this number, twenty-eight have passed laws pertaining to tuberculosis; eight others have considered such legislation, and in only seven States no measures about consumption were presented. In all, 101 laws relating to the prevention or treatment of human tuberculosis were considered and out of this number sixty-four were passed.

Of the sixty-four laws passed, fourteen were in reference to building new State institutions. New State sanatoria for tuberculosis will be built in Pennsylvania, Connecticut, where three will be erected, Arkansas, Oregon, South Dakota, North Dakota and Florida. In New York, North Carolina, Indiana, Massachusetts, New Hampshire and Maine, appropriations have been made for enlarging sanatoria, already being built or in operation. There are now twenty-seven States where such institutions have been established. Every State east of the Mississippi, except Illinois, West Virginia, Kentucky, Tennessee, South Carolina and Mississippi have provided hospitals for tuberculosis patients.

Five States, Illinois, New York, Ohio, Minnesota and Iowa, passed laws giving their county officers power to erect tuberculosis sanatoria without resorting to a special vote. In Maine, Connecticut, Rhode Island, New Jersey, Michigan, Iowa and Kansas, laws providing for the strict reporting and registration of tuberculosis were passed. Only five other States, including the District of Columbia, have such laws. The National Association considers laws of this character as the first requisite in an organized movement against tuberculosis.

Laws prohibiting promiscuous spitting in public places, were passed in Maine, Pennsylvania, New Jersey, Kansas and Connecticut. Spitters in these States will be prosecuted and fined.

Ten States have this year granted nearly \$100,000 to be spent only for the education of the public about tuberculosis. In some States traveling exhibitions will be used, while in others lectures and literature will be the chief means of education. The States making provisions of this sort are California, New Jersey, Kansas, New York, Rhode Island, Iowa, Minnesota, Porto Rico, Delaware and Texas.

The statement of the National Association calls particular attention to one fact which shows the remarkable interest in anti-tuberculosis work, evoking during the past year, namely, that fully one-third of the \$4,000,000 appropriated this year is by special legislation and for new work. The last Congress appropriated, in addition to this sum, nearly \$1,000,000 for the maintenance of the three federal sanatoria in New Mexico and Colorado. It is estimated besides that the numerous county and municipal appropriations made or to be made for tuberculosis work for next year will aggregate at least \$3,000,000, making the official public expenditures in the United States for the wiping out of tuberculosis at least \$8,000,000.

THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

The Southern Homœopathic Medical Association is gaining constantly in membership and enthusiasm, and the coming meeting, which is to be held in Hot Springs, Ark., November 15th, 16th and 17th, 1909, promises to be the most enthusiastic and successful in the history of the Association. Many have signified their intention to be present, and offered their assistance and hearty co-operation in the up-building of the cause of Homœopathy in the South.

Let all who can rally around the banner of Homœopathy at Hot Springs and make it the best meeting ever held by the Southern Association.

One important reason why Homœopathy in the South is not what it should be is because the Homœopaths do not stand together. Why do you send your surgery to an allopath when there are men in our school who can do it just as well? If there is not a homœopathic surgeon convenient get a good man to locate near you and send your work to him. In doing this Homœopathy will take the place it should. Stand for Homœopathy, first, last and all the time. In union there is strength.

WM. O. BOIES,

Sec'y Southern Hom. Med. Association.